

Government of the District of Columbia
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration

APPLICATION FOR THIRD PARTY INSPECTION PROGRAM CERTIFICATION

AGENCY NAME	DATE OF APPLICATION
AGENCY REGISTERED ADDRESS	AGENCY TELEPHONE/FAX
CITY	ZIP CODE EMAIL

REQUESTED AGENCY CERTIFICATION

CHECK ONE OR MORE, AS APPLICABLE
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> FIRE PROTECTION <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> MECHANICAL (HVAC) <input type="checkbox"/> ELEVATORS

QUALIFICATIONS OF PROFESSIONAL-IN-CHARGE

PROFESSIONAL-IN-CHARGE, NAME AND TITLE	PROFESSIONAL LICENSE #
ADDRESS	TELEPHONE #S / FAX
CITY, STATE, ZIP CODE	EMAIL
<p>CHECK ALL THAT APPLY</p> <ul style="list-style-type: none"><input type="checkbox"/> PROFESSIONAL ENGINEER REGISTERED IN THE DISTRICT OF COLUMBIA<input type="checkbox"/> ARCHITECT REGISTERED IN THE DISTRICT OF COLUMBIA<input type="checkbox"/> MINIMUM 3 YEARS EXPERIENCE IN FIRE PROTECTION ENGINEERING, IN RESPONSIBLE CHARGE<input type="checkbox"/> MINIMUM 3 YEARS EXPERIENCE IN BUILDING DESIGN AND/OR CONSTRUCTION, IN RESPONSIBLE CHARGE<input type="checkbox"/> MINIMUM 3 YEARS EXPERIENCE IN CIVIL OR STRUCTURAL ENGINEERING, IN RESPONSIBLE CHARGE<input type="checkbox"/> MINIMUM 3 YEARS EXPERIENCE IN PLUMBING ENGINEERING, IN RESPONSIBLE CHARGE<input type="checkbox"/> MINIMUM 3 YEARS EXPERIENCE IN MECHANICAL ENGINEERING, IN RESPONSIBLE CHARGE<input type="checkbox"/> MINIMUM 3 YEARS EXPERIENCE IN CONSTRUCTION MANAGEMENT, IN RESPONSIBLE CHARGE<input type="checkbox"/> MINIMUM 10 YEARS EXPERIENCE IN CODE COMPLIANCE BUILDING INSPECTION WITH MODEL CODES<input type="checkbox"/> MINIMUM 6 YEARS EXPERIENCE IN CODE COMPLIANCE BUILDING INSPECTION WITH MODEL CODES, IN RESPONSIBLE CHARGE<input type="checkbox"/> MINIMUM 10 YEARS EXPERIENCE IN COMMERCIAL BUILDING CONSTRUCTION, IN AREA OF STRUCTURES<input type="checkbox"/> MINIMUM 6 YEARS EXPERIENCE IN CONSTRUCTION MANAGEMENT, IN RESPONSIBLE POSITION EQUIVALENT TO CONSTRUCTION FOREMAN<input type="checkbox"/> CURRENT D.C. MASTER'S LICENSE AS LICENSED MASTER PLUMBER, MASTER GASFITTER, MASTER ELECTRICIAN, MASTER MECHANIC<input type="checkbox"/> MINIMUM 10 YEARS EXPERIENCE IN PLUMBING INSTALLATIONS, IN RESPONSIBLE POSITION EQUIVALENT TO DC LICENSES MASTER PLUMBER	

INSPECTORS

NAME	ADDRESS	TEL. #	DISCIPLINE / LICENSE # / EXP. DATE
1.			
2.			
3.			
4.			
5.			

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR AGENCY'S 5 MOST RECENT PROJECTS:

PROJECT # 1

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT # 2

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT # 3

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT # 4

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT # 5

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

STATEMENT BY AGENCY REPRESENTATIVE

I, _____, REPRESENTATIVE FOR _____

(AGENCY NAME) DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ITS SUPPORTING DOCUMENTATION, TO THE BEST OF MY KNOWLEDGE, ARE TRUE, CORRECT, AND COMPLETE. I ALSO DECLARE THAT THE AGENCY AGREES TO ABIDE BY THE CONDITIONS OF THE THIRD PARTY INSPECTIONS PROGRAM SET FORTH IN THE PUBLISHED INSPECTION PROCEDURES. I FUTHUR DECLARE THAT I AM AUTHORIZED BY THE AGENCY TO MAKE THESE STATEMENTS ON ITS BEHALF.

SIGNATURE

DATE

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true. (D.C. Code §22-2405)

D.C. INSPECTOR GENERAL HOTLINE

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code section 2.1401.01 et seq., ("the Act") the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination, which is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
